

TRILLIUM SPRINGS COUNSELING

1640 Powers Ferry Road, Building 16, Suite 100, Atlanta, Georgia 30067

FEE ADJUSTMENT APPLICATION

Client Name: _____ Date: _____

Address: _____
Number/Street _____ Phone: (w) _____ (h) _____
City/Zip Code _____

Name of person filling out form (if other than client) _____

If this is for renewal of your fee adjustment, what is your present adjustment per session? _____

Family Income: Please include all members of household who contribute more than \$500 per year to family income.

Wage Earner	Pay Period (weekly/2 x per month/ 1x per month)	Salary per Period (Take Home)	Gross Annual Wages from last year's W-2
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

4. Child Support (total): _____ per month.

How many people, including yourself, are dependent on above incomes? _____ Children in College? _____

Please list below all customary expenses per MONTH, plus any unusual debts or expenses.

- House payment/Rent: _____
- Committed monthly payments (credit cards, loans):

 - Visa: _____
 - MasterCard: _____
 - Other (specify): _____

- Transportation (Car payment, gas, etc.)

 - Car payment _____
 - Gas: _____
 - Insurance: _____

- Total of all utilities: _____
- Food: _____
- Clothing: _____
- Insurance (other than payroll) _____
- Other (itemize with amount): _____
- _____

How much do you think you can afford to pay per visit? \$ _____

Fee adjustments are reviewed every 90 days, but please let us know any time your financial situation changes significantly so we can reconsider your status and lower or raise assistance as appropriate. This information would include any change in employment or debt retirement.

Total Income: _____

Fee Reduced to \$ _____

Total Expenses: _____

Please reassess on ____/____/____

Client Signature

Date

Therapist

Date